

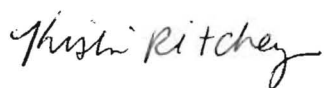
Sex Trafficking in the United States: A Comprehensive Look

An Honors Thesis (HONR 499)

by

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The issue of sex trafficking has been largely overlooked in the United States. There are many myths that misrepresent the issue that need to be corrected before appropriate actions can be taken to combat sex trafficking. Risk factors like previous trauma or abuse, homelessness, alcohol and drug use, and immigration can increase the likelihood of an individual being subjected to trafficking. Although there is a lack of empirical research on the topic of sex trafficking, combining the research that has been conducted with research on sexual abuse and trauma, childhood abuse, and drug and alcohol abuse can give a more complete picture of the psychological implications of this issue. Some research on successful mental health treatment and counseling practices has shown that cognitive-behavioral therapy, exposure therapy, and trauma informed care are effective in facilitating the recovery of individuals who have experienced extreme trauma. Information about prevention is one of the most essential topics in combatting the issue of sex trafficking. Through education, job training, and tailoring aspects of the criminal justice system to appropriately deal with the issue, the United States can increase the fight against trafficking and strive for elimination of this problem.

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Sex Trafficking in the United States: A Comprehensive Look

Every country in the world is somehow affected by the issue of human trafficking. It is estimated that 27 million people are enslaved around the world because of human trafficking, but this is a conservative estimate because of the concealed nature of this crime (Unicef, 2014). The countries can be classified as countries of origin (where the supply comes from), countries of transit (where the supply is passed through), a destination country (where the supply ends up), or a combination of these (Sofletea, 2014). The United States is one of the largest destination countries for trafficking victims, meaning that the U.S. is a very prominent consumer of the services human trafficking provides. Sex trafficking, one of the three types of human trafficking, is a huge human rights concern (UN, 2008). Even though this issue is so largely present in our society today, many people underestimate the implications and prevalence in the United States. All 50 states within the U.S. have reported instances of human trafficking (Unicef, 2014). Human trafficking as a whole generates \$32 billion annually through the sale and labor of individuals throughout the world (Sofletea, 2014), and in the U.S. alone, it is estimated that the yearly income generated from trafficking is around \$9.5 billion.

There are four types of individuals who are involved in sex trafficking: the recruiter, the trafficker, the victim, and the consumer. The recruiters are the individuals that have or gain the trust of the victim and then sell them to the trafficker. The traffickers are the individuals who have control over the victim through coercion and fear, and sometimes are also the recruiters. Traffickers and recruiters lure their victims by promising them economic opportunities, drugging or kidnapping them, or falsely promising marriage to the victim or the victim's family (Sofletea, 2014). A victim can be anyone, and they are considered to be the product sold in sex trafficking. A consumer is anyone who funds trafficking by purchasing the services of the victim, even if

they are unaware they are doing it (Sofletea, 2014). This paper will explore the different myths about sex trafficking, the risk factors for potential victims, empirical research regarding the psychological effects of sex trafficking, effective mental health treatment approaches, and suggestions for potential prevention of this crime.

Myths About Sex Trafficking

Misconceptions and myths about sex trafficking can lead to a large misunderstanding of the issue, which enables the perpetrators to continue conducting their business and causes victims to be unidentified and mistreated. In order to fully equip individuals to advocate for victims and survivors and confront the issue of sex trafficking, these myths and misconceptions must be addressed.

The first myth, which has a large effect in the United States, is that *human trafficking only occurs in other countries and not in the U.S.* This simply is not true. According to Manna Freedom, an organization that is confronting the issue of human trafficking, the U.S. Department of Justice estimates that 100,000-300,000 American children under the age of 18 are subject to prostitution and targeted by sexual predators (Manna Freedom, 2013). Around 50% of the individuals trafficked into the United States are children (Sofletea, 2014). In addition, each year 600,000-800,000 people are trafficked across the borders of the United States (Jesionka, 2012). While these numbers may seem daunting, sex trafficking is also an underreported crime. This means that any estimates given are more than likely an underrepresentation of the growing problem. Cities such as Atlanta, Chicago, Dallas, Detroit, and Las Vegas are reported to have the largest volume of trafficked individuals in the United States (Manna Freedom, 2013).

Victims of trafficking are only foreign born individuals and those who are poor. The reality is that a victim of sex trafficking can be any age, gender, race or ethnicity, and social

economic status (U.S. Department of Homeland Security, 2013). Luscombe (2014) states that 83% of individuals who have been forced into prostitution in the United States are citizens of the United States. However, risk factors exist that make it more likely for an individual to be a target of trafficking and they will be addressed later.

Every individual who is a victim of human trafficking is kidnapped or deceived, moved across a border, and forced into prostitution or sexual behaviors. While each part of this statement can be accurate in an individual case, it does not generalize to every victim of human trafficking. First, not every victim of trafficking is kidnapped or deceived. A victim may have a complete understanding of the exploitative situation they are entering, and may do so willingly because they believe they will eventually gain a profit. Therefore, the legal definition of trafficking does not require that any form of physical restraint, harm, or force be present (Polaris Project, 2009). However, once an act of fraud, force, or coercion occurs, any prior consent by the victim is no longer valid. It is important to note that whenever a child (an individual under the age 18) is involved in sexual work or labor they cannot legally consent which classifies the situation as a trafficking case (Jesionka, 2012). Secondly, movement or transportation is not a requirement for a victim of human trafficking. The Federal trafficking statutes do not equate human smuggling, which does require movement, with human trafficking which is characterized as compelled service where an individual's will is taken away (Polaris Project, 2009). Lastly, human trafficking is a broad category that includes sex trafficking, labor trafficking, and domestic servitude. Labor trafficking and domestic servitude are both forms of forced labor, and in some cases victims are not forced prostitution or sexual activity. Labor and domestic servitude can include indentured servitude, exploitation in the workforce (often in the form of factories or farms), and the organ trade (Jesionka, 2012).

The victims of trafficking are always female. Many of victims of human trafficking, especially sex trafficking, are females. Because of this, males tend to be significantly overlooked in the discussion of human trafficking. According to Jesionka (2012) it can be extremely difficult to remove males from their trafficking situations because it generates quick money that they cannot earn elsewhere. Males are also often assumed to be victims of labor trafficking instead of sex trafficking, which contributes to their invisibility. However, there is some evidence to suggest that females are at a larger risk for revictimization (or re-entry into the sex industry), while boys are more likely to develop aggressive behavior as a result of their trauma (Williamson et al., 2010).

Victims of trafficking recognize themselves as victims and seek help when in public. In actuality, a huge issue of human trafficking is that it is a hidden crime. Trafficking may occur in illegal underground industries or behind the scenes of a legitimate business such as a massage parlor or nail salon (Polaris Project, 2009). The secrecy surrounding this industry also can leave victims with a lack of trust for authority or others and or self-blame and guilt about their situations (U.S. Department of Homeland Security, 2013). This can lead to victims not identify themselves as such and thus not seeking help or even refusing it (Polaris Project, 2009). Perpetrators of sex trafficking also “groom” their victims to behave exactly as the handler desires. Some victims live in fear because of threats of violence on themselves or their families if they attempt to leave or disobey their handlers (U.S. Department of Homeland Security, 2013). On the other hand, some victims are manipulated to believe they are the traffickers romantic partner or that they trafficker truly cares about them. There are victims that have such a distorted mindset they actually testify on behalf of their abuser stating they were not abused and were selling themselves by their own choice (Luscombe, 2014).

Risk Factors

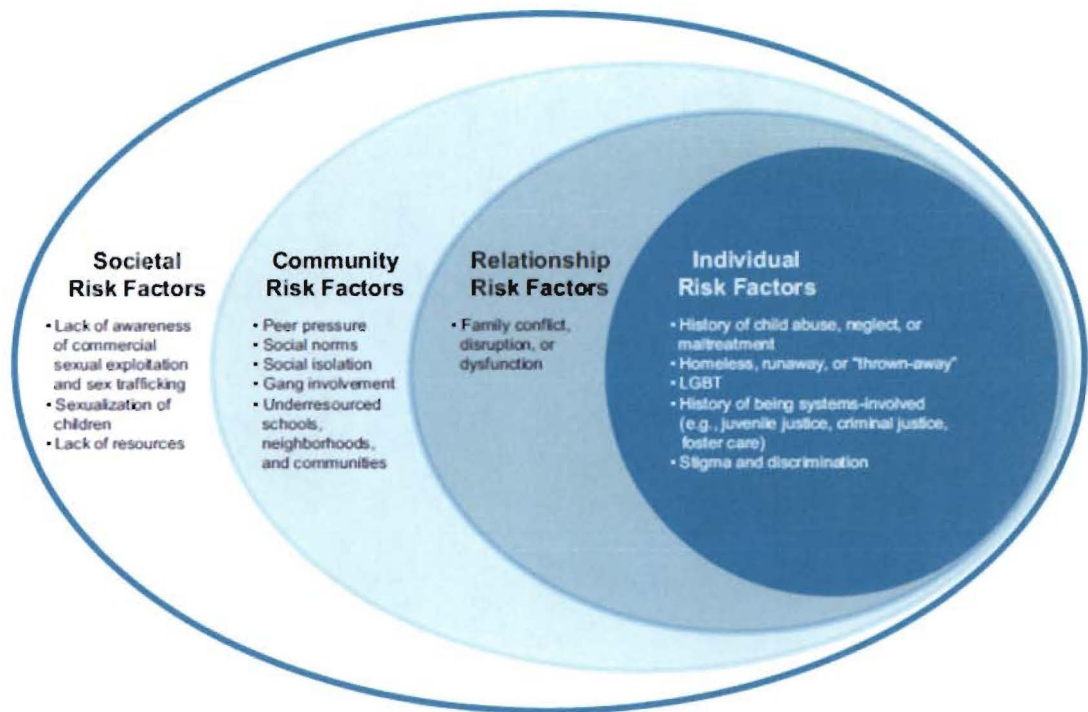
The misconceptions about who victims of sex trafficking are can limit the resources and help victims can receive because they may be ignored or missed because of their backgrounds. According to the Polaris Project (2014) traffickers search for individuals who are looking for a better life, have a lack of employment and opportunities, have unstable home lives, and have experienced previous sexual abuse. These and other risks factors have been found to can lead to an individual being more susceptible to sex trafficking. Recognition of these factors can lead to faster identification and rescue of victims and preventative measures for potential victims.

According to the Clayton et al. (2013) there are several prominent risk factors that need to be addressed. First, experiencing previous abuse, especially as a child, is highly correlated with victimization in the sex industry. The WestCoast Children's Clinic (2012) found that 70% of all the youth clients of sex trafficking who were provided service for experienced multiple episodes of maltreatment (including childhood sexual abuse). Wilson and Butler (2013) state that childhood abuse such as physical, emotion, sexual, or other forms can increase the likelihood of an individual being targeted for the sex industry. The WestCoast Children's clinic believes that "previous victimization puts children at risk for subsequent victimization, including sexual exploitation."

Another large risk factor is lack of stable housing for an individual (Clayton et al., 2013). Stable housing includes homelessness, runaways, or "throw aways" (individuals who were thrown out or removed from their homes). A lack of food, shelter, personal safety, and affection can leave youth particularly vulnerable to coercion, intimidation, and grooming by traffickers and pimps (WestCoast Children's Clinic, 2012). At the WestCoast Children's Clinic, 55% of the youth who were provided services were abandoned by their parents or guardians, 50% had a lack

of supervision, and 48% had out-of-home (foster care) placement disruptions. Traffickers and pimps (individuals who arrange for the purchase of sexual relations of another individual) are extremely proficient at “grooming” their victims through lies, manipulation, artificial affection, threats, and violence (Polaris Project, 2014). Absence of a stable home environment leaves youth and other individuals very vulnerable to manipulation. Illegal immigrants may be at a higher risk level because they may not speak English, they have a fear of being deported (if they would come forward), they may be unaware that what is happening to them is considered a crime, and they may have a fear or distrust of health providers, the government and the police (Sofletea, 2014).

Alcohol and drug abuse is often a factor within the lives of potential and current victims of sex trafficking. Addictions to drugs or alcohol can increase the probability for manipulation and deceit. Traffickers and pimps often have access to drugs or connections with the drug industry, which can allure potential victims to the trafficker. The WestCoast Children’s Clinic (2012) found that 31% of their clients who had been sex trafficked had an alcohol or drug abuse problem that was severe enough to require attention. Among these clients, 94% had been using drugs or alcohol severely for at least one year, but only 14% recognize the problem and the need for recovery. A diagram was created by the Institute of Medicine and National Research Council to represent how different risk factors can be compounded.



As research continues to be directed towards the issue of sex trafficking, identifiable risk factors will allow response teams and long-term care providers to better support and treat the victims and survivors of this crime. It is also important to remember that these are not conclusive signs of sex trafficking, and other factors may be involved. According to Wilson and Butler (2013) state that any individual seen as weak, vulnerable, and voiceless is at risk for becoming a victim of sex trafficking. These risk factors can apply to any individual, and are not just limited to lower social economic statuses or minorities.

Empirical Research

In the field of psychological science, there is a lack of empirical research about the effects of sex trafficking. As awareness is brought to the subject, the amount of research related to sex trafficking will continue to increase. Because of this lack of empirical research, this paper will utilize research from other subjects such as childhood sexual abuse, sexual trauma, drug and alcohol abuse, and the effects of manipulation and a lack of personal control to discuss the possible psychological effects of sex trafficking. Many victims and survivors of sex trafficking

experience posttraumatic stress disorder (PTSD), depression, anxiety, or other psychological issues, and a majority of the individuals experience a combination of psychological problems (Abas, Ostrovschi, Prince, Gorceag, Trigub, & Oram, 2013; Rafferty, 2013; Wilson & Butler, 2013). Each one of these subjects is a large element within the lives of victims and survivors, and compiling the empirical research from each of these topics will allow for a more accurate account of the effects of sex trafficking.

Psychological Effects

Sex trafficking. Rafferty (2013) urges that the impact of human trafficking cannot be overstated. The average victim of sex trafficking may be forced to have sex between 20-48 times per day (Polaris Project, 2014). Human trafficking would be considered a complex trauma, which is a type of trauma that occurs repeatedly and cumulatively over some period of time and in specific contexts and relationships (Courtois, 2004). The effects of complex trauma range from depression and anxiety to long lasting PTSD. The symptoms of CPTSD (complex post-traumatic stress disorder) are the same as in PTSD such as flashbacks, intrusions, difficulty maintaining a normal life style, and avoiding stimuli that reminds the individual about the trauma (Priebe et al, 2013). Williamson et al. (2010) suggest that the most common mood disorder diagnosed in victims of trafficking is major depressive disorder.

The longer individuals are subjected to the sex trade industry, the larger the risk is for those individuals to have negative consequences and find fewer opportunities to change their life in a positive manor (Wilson & Butler, 2013). Zimmerman, Yunun, Shvabhvab, Wattsatts, Trappolin, Trep-pete, and Regan (2003) claim that in some of the extreme cases of sex trafficking, some of the children demonstrate symptoms similar to symptoms shown in torture victims. In a study that surveyed 1971 women and girls that had been trafficked, around 54% met

the criteria for some type of mental disorder six months after rescue and return to their normal lives (Abas, Ostrovschi, Prince, Gorceag, Trigub, & Oram, 2013). The most common of these mental disorders were PTSD, depression, and anxiety. Williamson and colleagues (2010) found that the majority of research suggests that victims have significant levels of PTSD. Zimmerman et al. (2006) reported some other symptoms relating to the PTSD include recurrent thoughts and memories of terrifying events (75% of victims), feeling detached or withdrawn (60%), difficulty sleeping (67%), feeling like they don't have a future (65%), and jumpy or easily startled (67%). The causes of PTSD in these victims is attributed to witnessing, experiencing, or being confronted with threats, physical violence and injury, and in many cases death. In these cases individuals often respond with intense fear, helplessness, and horror (Williamson, Dutch, & Clawson Caliber, 2010). Trauma bonds, or where the victim feels a significant connect to their trafficker or others who are being trafficked with the victim, can occur because of the intensity of the victims experiences (Smith et al., 2009). There are also several instances where a correlation has been found between dissociation and trafficking (Zimmerman, 2003).

Sexual abuse, childhood sexual abuse, and sexual trauma. Some of the effects of childhood sexual abuse can be traumatic sexualization, or a child's sexuality being exhibited in inappropriate ways, extreme feelings of betrayal, disempowerment, or feelings of not having control in their life, and stigmatization, which is attributing typically negative characteristics to an individual, which can cause shame and guilt (Kelly, 2011). Priebe and colleagues (2013) found some of the victims of childhood sexual abuse who show signs of CPTSD participate in high-risk behaviors and self-harm. These symptoms and distortions the individual may have about his or her abuse may cause the individual to keep silent about the issue. It is also common for individuals who have experienced sexual trauma to have intrusions and flashbacks to the

events that include images, thoughts, or perceptions (Priebe, 2013). Some victims report having these intrusions and flashbacks at least five or more times a week. Even individuals who experience one traumatic sexual experience early in their life can carry lasting psychological consequences into adulthood (Priebe et al., 2013).

Cohen (2008) found that children who experience sexual trauma during their preschool years are more likely to use dissociation to cope than children at other ages. Many individuals who experience childhood sexual abuse have a chronic sense of guilt and responsibility for what happened to them and ongoing feelings of intense shame (Courtois, 2004). Childhood sexual abuse in the form of incest has extremely negative effects on forming secure attachments, which decreases the likelihood of the individual having successful relationships in the future (Cohen, 2008). Many victims reported not being able to trust or feel intimate with others (Courtois, 2004). These issues can make the recovery process extremely difficult because any care provider would have to develop a successful relationship with an individual who may not believe successful relationships can exist.

Drug and alcohol abuse. Co-morbidity has been found between victims of trafficking and substance-related disorders (Zimmerman, 2003). Many victims report their drug and/or alcohol use to have begun after they were involved in a trafficking situation (Raymond et al., 2002). Some survivors reported using drugs and alcohol to cope and manage the situations they were in, while others were coerced or forced by their traffickers (Zimmerman, 2003).

Williamson and colleagues (2010) state that when a victim or survivor of sex trafficking has a substance-related disorder, regardless of the therapeutic method, treatment has to thoroughly address both the trauma of the client's trafficking experiences and the substance-related disorder.

Other research not directly related to sex trafficking in correlation with substance-related disorders and issues can provide insights and context to victims of sex trafficking. Haller and Chassin (2014) suggest four different theories relating to drug and alcohol abuse problems in individuals who present symptoms of traumatic stress or PTSD. The four theories include the high-risk hypothesis, susceptibility hypothesis, self-medication hypothesis, and the shared vulnerability hypothesis (Haller & Chassin, 2014). The high-risk hypothesis states that substance abuse increases the possibility of trauma or violence exposure, while the susceptibility hypothesis suggests that individuals who have substance-related issues have a higher risk of developing PTSD in response to trauma than individuals who do not have substance-related issues. The self-medication hypothesis suggests that individuals who present PTSD symptoms are at a higher risk for developing future drug and alcohol use, and the shared vulnerability hypothesis states that trauma exposure and/or adversity in a family environment can increase the likelihood of PTSD and substance abuse problems.

Raymond and colleagues (2002) findings that a majority of victims and survivors began using substances after they entered the sex industry suggest there is support for the self-medication hypothesis. However, like any other disorder, each individual is unique in his or her needs and origins. In another study, Haller and Chassin (2013) found that PTSD symptoms directly impacted the risk for an increase in adult drug problems, but not for alcohol problems. Externalizing symptoms of PTSD (such as anger, aggression, and antisociality) as a young adult increased the risk for adult alcohol problems (Haller & Chassin, 2013).

Burnes, Long, and Schept (2012) found that a lot of literature has shown that there is a high, positive correlation between involvement in the sex industry and substance use. Because the sex industry is largely a part of organized crime, there is a sizeable amount availability and

consumption of illegal drugs, particularly crack cocaine (Burnes et al., 2012). Many of the individuals in the sex industry have reported to use drugs to increase their feelings of confidence, control, and closeness to others as well as decrease feelings of guilt (Young, Boyd, & Hubbell, 2000). There is a myth that some individuals also enter into the sex industry in order to fund their drug use, however the research has overwhelmingly shown that most began drug use to cope with the distress caused by activities and events typically associated with the sex industry and organized crime (Burnes et al., 2012). Dalla (2002) found that individuals in the sex industry who used drugs typically also experienced trauma at a young age.

Treatment and Therapy

As previously stated, a lack of research has limited the knowledge of which approaches to treatment would be most effective, but treatment research about sexual abuse and substance abuse can be helpful in working with survivors of trafficking. Like any other client, the most important factor in successful treatment is building a safe and trusting relationship between the survivor and any individual they may work with in the therapeutic process.

Sex trafficking is linked to both long and short-term physical and psychological health concerns (UN, 2008). Courtois (2004) suggests a three-stage model of helping individuals get past CPTSD, which has been found in both survivors of sex trafficking and childhood sexual abuse. The first stage of treatment is facing the pretreatment issues a survivor faces such as safety, education, stabilization, building life skills (i.e. how to cook, clean, and take care of themselves), and building and recreating social relationships. Courtois explains that making the clients feel safe, helping them to regain control of different aspects of their lives, and giving them the education and skills to succeed will allow for a more complete healing process. This could also include providing the funds for tattoo removal since many traffickers brand their

victims with tattoos (WestCoast Children's Clinic, 2012). Most victims and survivors of sex trafficking feel as though all their power and autonomy were taken from them when they were trafficked, so in order to optimize their chances for recover they need to feel as though they have control of their own lives again. However, the process will often take a long time.

Keller, Zoellner, and Feeny (2010) support the findings of this study and state that the individual's perceived social support and the quality of that support is an early predictor of the likelihood of PTSD, can affect the treatment those individuals receive, and suggests there should be an increased focus on building an early alliance with the clients who report little perceived support for their trauma. Cohen (2008) claims that within the top 12 issues of treating individuals with PTSD because of sexual abuse is establishing client safety, developing emotion regulation skills, and interpersonal security, which supports Courtois' proposal for the first stage of treatment. The study also states that disclosure about the traumatic event may only come if the client comes to know and trust the therapist, which makes the client-therapist relationship extremely important to focus on. Each of these studies stresses the importance of allowing the client to feel safe and secure both in their personal lives and in their interpersonal relations. In the beginning, the therapist should help the client to learn to control impulsive behavior, self-destructive thought and behaviors, and help them develop active safety planning skills (Courtois, 2004).

The second stage Courtois (2004) suggests includes deconditioning, mourning, resolution and integration of the trauma. This stage is when the majority of the therapy regarding the actual trauma that occurred takes place. The client directly confronts and challenges the trauma related issues through processing their thoughts and emotions in order to eliminate the symptoms of anxiety, depression, or PTSD. Some of the therapies utilized in this stage are exposure therapy,

emotion focused therapy, cognitive-behavioral therapy (CBT), and group therapy. Classen and colleagues (2011) reported that group psychotherapy has been found to be effective in the reduction of depression, PTSD symptoms, psychological distress and possibly sexual revictimization. However, they did not find a significant difference in the effectiveness when the group therapy was trauma-focused or present-focused. Trauma-focused group therapy was reported to produce a greater decrease in anger and irritability, which could possibly occur because it allows the women to express and work through their anger at the trauma that occurred. Cohen (2008) found that if group therapy is utilized, it is extremely important to ensure consistency of the stage of recovery in group members so that members who have not yet been able to discuss and process their trauma are not overwhelmed.

Cognitive-behavioral therapy is an extremely well known form of therapy that seems to be supported by research when treating individuals who have experienced trauma. Cohen (2008) explains that this form of therapy focuses on the thoughts, feeling, and actions of the client. Thus the client can modify his or her ways of thinking, feeling, and behaving to have a more positive effect in their life. During this process, the therapist must give the clients feedback and large amounts of information while also validating the client on being the expert of their own lives. The therapist will either challenge the beliefs of the client, or encourage the client to call their beliefs into question. For a trafficking survivor, this process could call into question the shame and guilt they feel in regards to their experiences while being trafficked. Courtois (2004) hesitates to endorse CBT for all clients with PTSD or CPTSD because directly dealing with the stimuli and issues with the trauma at the very beginning of the treatment may harm some patients. This could be especially true of sex trafficking survivors because of the large amount of traumatic events and experiences they may have had. Studies of the psychological treatment of

sexually abused children have given evidence to support cognitive-behavioral therapy to be the most effective for these children.

Emotion-focused therapy has been empirically supported for sexual abuse victims as well (Cohen, 2008). This form of therapy uses attachment theory to understand intimate relationships and focuses on helping the individual to redefine relationships with security and comfort. Within this format, survivors will examine their past and present relationships, recreate their qualifications for a healthy relationship, and work towards achieving such relationships. Feminist theory used in counseling can also be effective for women. Cohen explains that this theory uses feminism to look into issues such as power, trust, and intimacy in relation to the trauma and being women. The issues of women and their history of victimization are used to process the trauma in a social context, which can allow the client to give external reasons for their abuse instead of blaming themselves. The therapist should focus on the resilience of women, the strengths of the client, and help to strengthen the survivors' self-efficacy. Dance therapy is sometimes used to help women become more comfortable in their bodies, and also to give them a new outlet for their emotions (Kelly, 2011). Meditation, art, and drama therapy are also utilized in some cases for similar reasons (Wilson & Butler, 2013). These alternative forms of therapy can allow the victim to explore their thoughts and feelings related to their trauma without verbalizing them or directly confronting them.

The last and final stage Courtois (2004) suggests for treatment is self and relational development and enhanced daily living. This stage focuses on fine-tuning the skills learned in stages one and two, and building trustworthy relationships. It is important for the termination of the therapeutic relationship to be left open, and for the client to know they are welcome to return

for a visit, checkup, or continued therapy if needed (Courtois, 2004). This allows for the client to be fully prepared to enter into life on their own with the skills they need to succeed.

In recent years, evidence-based and trauma-informed services have made their way into the forefront of mental health services for victims of sex trafficking (Williamson et al., 2010). Evidence-based mental health treatment includes services based on the evaluation of the scientific evidence of the treatment suggest for the patient (Drake et al. 2001). This type of mental health treatment focuses on grounding any decisions about treatment for a victim in empirical evidence that supports that decision for the type of client being served (Williamson et al., 2010). Williamson and colleagues (2010) state that trauma-informed services include the provider to have comprehensive knowledge of trauma and trauma-related issues that can manifest in a client of severe trauma such as sex trafficking. The two types of mental health services should be used together in order to prevent ineffective or harmful treatment for the victims and survivors of trafficking. These approaches to mental health services have seemed to support the use of cognitive-behavioral therapy that includes cognitive restructuring and exposure therapy (Rauch & Cahill, 2003). Within this type of therapy, clients will learn to restructure their thoughts and feelings while being exposed to their fears or situations that the clients relate to their trafficking experiences (Williamson et al., 2010).

Prevention

The issue of sex trafficking is extremely complex and can be very daunting to combat. However, there are some suggestions from various studies, professionals, and reports for steps that can be taken towards ending this form of slavery. While these suggestions do not pose permanent solutions to the problem, they are probably the best place to start.

Teresa Kulig, an employee at the Speaker's Bureau of the Julian Center in Indianapolis, IN works to educate and provide resources for domestic violence, sexual assault, and human trafficking. During an interview she states, "Human trafficking is first, and foremost, a business. People are a renewable resource that can be assaulted multiple times a day to increase profit. Sex trafficking is also an issue of supply and demand. If there weren't people buying the victims of trafficking, there wouldn't be much of a business" (T. Kulig, personal communication, April 4, 2014). Georgiana Sofletea, a graduate student at Ball State University studying sex trafficking, agrees with this statement. The United States is one of the largest destination countries for trafficking victims, which means that a large majority of trafficking victims are taken to the United States for the purpose of sex slavery (Sofletea, 2014). To combat and eventually eliminate this problem, the U.S. has to find a way to limit the demand for victims.

The National Institute of Medicine and National Research Council (2013) believe part of this issue is that individuals who have sexually exploited others have largely escaped accountability and victims have been mistreated by the justice system. Detective Dawn Jones of the Sensitive Crimes Division of the Milwaukee Police Department believes that "sex trafficking has been misidentified for so long that traffickers have become very strong and comfortable with trafficking people (D. Jones, personal communication, October 1, 2014). The justice system needs to become more serious about enacting the law to protect the victims and punish the perpetrators. Because of the burden of proof and lack of evidence because victims may refuse to testify because of fear or manipulation, Johns (or consumers) are very rarely prosecuted in the justice system. John Daggy, the Indianapolis Vice Unit supervisor, agrees that individuals who sexually exploit others need to receive harsher punishments from the criminal justice system (J. Daggy, personal communication, October 6, 2014). To further protect victims and survivors,

states should enact “safe harbor” laws that redirect victims of commercial sexual exploitation and trafficking from the criminal justice system into welfare systems and receiving supportive services from organizations (Clayton et al., 2013). These laws essentially state that sex trafficking survivors are victims and not criminals, which would allow them better and faster services in their recovery process. The WestCoast Children’s Clinic (2012) states that sexually exploited minors need to be served in the child welfare system instead of the juvenile justice system after being arrested for prostitution.

For many police departments or other criminal justice institutions, learning how to combat this issue comes in the form of protocols and procedures that are constantly evolving to try to best diminish the effects of this crime. A Sergeant from the Atlanta Police Department states, “The law governs our actions. Many of our protocols are confidential and extensive” (Sergeant, personal communication, October 13, 2014). Detective Dawn Jones states that there are set protocols that the Sensitive Crimes Division in Milwaukee follows, but they are constantly changing. Each case is significantly different from the last, and each victim’s needs are different from another’s, which forces the officers to constantly improvise. If the protocols are followed too strictly, they can sometimes cause more harm than good to the victim because the victim’s situation and needs are not being taken into consideration (D. Jones, personal communication, October 1, 2014). Jon Daggy of the Indianapolis Police Department believes that working closely with nonprofit organizations can be extremely effective because the victim is given safe housing, mental health services, and assistance in their education and finding a job (J. Daggy, personal communication, October 6, 2014). The combination of the criminal justice system and nonprofit organizations allows the victim to be given the maximum amount of services possible.

Kulig believes that the most prevalent and effective way to combat and prevent sex trafficking is through education (T. Kulig, personal communication, April 4, 2014). This could include presentations, awareness training, personal conversations, or John School. The National Institute of Medicine and National Research Council (2013) state that increasing awareness and understanding of the issue of sex trafficking is essential to limiting and eventually preventing this issue. The report states that a lack of awareness and training in professionals, especially those who interact with children and adolescent, is potentially the biggest barrier towards identifying victims and preventing revictimization. Airlines and hotels across the nation are implementing new training for employees on how to identify a trafficking victim. Employees are asked to look for individuals whose are not in possession of their own documents (someone they are traveling with has them), when minors avoid eye contact when being talked to, children that won't answer any questions, individuals who have an intense appetite, and signs of physical wounds such as bruises (Luscombe, 2014). Sofletea (2014) recognizes several other signs that the average individual can be aware of as potentially related to trafficking such as numerous inconsistencies in the individual's story, neglected healthcare needs, lack of control over identification documents, restricted or scripted communication, and an individual who is accompanied by another person who appears to be controlling or insists on speaking for the other individual. Some other signs could include excess amounts of cash, a large number of hotel room keys, bruises, black eyes, burns, cuts, lying about their age, hyper-vigilance or paranoia, and lack of knowledge about their whereabouts and community (US Dept. of Justice, 2014).

Clayton and colleagues (2013) also stress that public awareness campaigns can be extremely helpful in reaching individuals who would not have access to professional awareness training. Organizations such as the Julian Center in Indianapolis use these techniques to open a

conversation about sex trafficking. Public awareness campaigns can take many forms, but they all center on the same goal: to educate and to help individuals become invested in this issue. Cyrus Vance, the Manhattan District Attorney states, “First people have to decide they care about it (sex trafficking). Unless someone acknowledges that it happens and is prepared to talk about it nothing is going to change. It all starts at the grass roots” (Luscombe, 2014). The WestCoast Children’s Clinic (2012) suggests that peer mentoring programs that pair high school students with middle school and elementary aged students would engage youths of all ages to get involved in prevention.

The first three methods mentioned above (presentations, awareness training, and personal conversations) are common approaches to spreading awareness about sex trafficking, but a John School is a quite different method. The name John School derives from the term ‘John’ which is an informal term for someone who solicits or purchases favors of a sexual nature from another individual. The purpose of these schools includes education on the danger, harm, and experiences of an individual in the prostitution or sex industry, awareness about sexually transmitted infections and their prevalence in the sex industry, and how prostitution affects families and communities of both the customer and victim.

In a CNN documentary “Selling the Girl Next Door,” a reporter, Amber Lyon, goes into a John School in Las Vegas, Nevada to speak with some of the members of the school and learn more about the process and experience. Lyon (2014) found that the school seeks to educate the participants (typically males) about the dangers, risks, and consequences of prostitution from every angle such as the customer, the product (victim), and the families of the customer and the product. In one interview, a male attending John School told Lyon that he could just call the number he found online and the individual he ordered would show up in about 30 minutes,

which is equal to or even less than the amount of time it takes on average to order and receive a pizza (Lyon, 2014). Many people are unaware of how simple it is to “order” another human being. John Schools allow perpetrators to learn about the effects and consequences the sex industry has on individuals and communities.

Conclusion

Sex trafficking is an extremely large issue around the world, and is very prevalent in the United States. Many individuals are unaware of the immensity and complexity of this issue, but others are intimidated by the daunting task of combatting the issue sex trafficking. Myths and misinformation endanger the safety of countless victims and prevent progress in the fight against this crime. In order to fully address the problem, more research needs to be done on the psychological effects of sex trafficking and which therapeutic techniques would be most helpful in helping these victims and survivors recover from what they have experienced. The justice system needs to start recognizing these individuals as victims and not criminals. Programs and organizations need to be prepared for the complex psychological trauma these individuals need. Prevention techniques such as education and professional training are essential to prepare and encourage individuals to identify potential victims. This social issue requires cooperative efforts from those in the medical field, mental health organizations, criminal justice system, and everyone in between. The complexity of this issue requires a complex response that can only be achieved through an effort in all fields to combat sex trafficking.

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